

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> No on Prop 1D and 1E - Don't Cut Children's Services and Mental Health Care - sponsored by mental health organizations			<b>Date of This Filing</b> <u>05/06/2009</u>	Date Stamp       Page 1 of 3	<div style="background-color: black; color: white; padding: 5px; display: inline-block;"> <b>CALIFORNIA FORM 497</b> </div> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (916)557-1167	<b>I.D. NUMBER</b> (if applicable) 1316221	<b>Report No.</b> <u>2062</u>			
<b>STREET ADDRESS</b>  					
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95814	<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
			<b>No. of Pages</b> <u>3</u>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/05/2009	First 5 Association of California El Cerrito, CA 94530  Memo Reference: NON:S497:3856	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,139.92
05/05/2009	First 5 Association of California El Cerrito, CA 94530  Memo Reference: NON:S497:3857	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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<b>STREET ADDRESS</b>					
<b>CITY</b> Sacramento			<b>STATE</b> CA	<b>ZIP CODE</b> 95814	

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

Memo Reference: NON:S497:3857  
Estimate 5/4/09 - 5/19/09

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Memo Reference: NON:S497:3856  
Estimate 5/4/09 - 5/19/09

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